

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214507212			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: UNITED STATES GOLF ASSOCIATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: F1737479</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 77 LIBERTY CORNER ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FAR HILLS, NJ 07931</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: THOMAS J. O'TOOLE, JR. TITLE: PRESIDENT ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS J. O'TOOLE, JR. TITLE: PRESIDENT ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS J. O'TOOLE, JR. TITLE: PRESIDENT ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DIANA M. MURPHY TITLE: VICE PRESIDENT ADDRESS: 77 LIBERTY CORNER RD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DIANA M. MURPHY TITLE: VICE PRESIDENT ADDRESS: 77 LIBERTY CORNER RD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DIANA M. MURPHY TITLE: VICE PRESIDENT ADDRESS: 77 LIBERTY CORNER RD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DANIEL B. BURTON TITLE: VICE PRESIDENT ADDRESS: 77 LIBERTY CORNER RD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL B. BURTON TITLE: VICE PRESIDENT ADDRESS: 77 LIBERTY CORNER RD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DANIEL B. BURTON TITLE: VICE PRESIDENT ADDRESS: 77 LIBERTY CORNER RD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KATHRYN CARSON TITLE: ASST SECRETARY ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KATHRYN CARSON TITLE: ASST SECRETARY ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KATHRYN CARSON TITLE: ASST SECRETARY ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: TERENCE BRADY TITLE: ASST TREASURER ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TERENCE BRADY TITLE: ASST TREASURER ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TERENCE BRADY TITLE: ASST TREASURER ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: WILLIAM L. KATZ TITLE: SECRETARY ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM L. KATZ TITLE: SECRETARY ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM L. KATZ TITLE: SECRETARY ADDRESS: 77 LIBERTY CORNER ROAD CITY/ST/ZIP/CO: FAR HILLS, NJ 07931	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	MARK E. NEWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	KAREN S. AMMERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	WILLIAM E. FALLON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	WILLIAM W. GIST, IV	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	MALCOLM HOLLAND III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	THOMAS HOUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	SHELIA C. JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	EDWARD G. MICHAELS, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	ASUKA NAKAHARA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	MARK P. REINEMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
NAME:	GEORGE J. STILL, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 LIBERTY CORNER ROAD		
CITY/ST/ZIP/CO:	FAR HILLS, NJ 07931		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ KATHRYN CARSON</u>	<u>KATHRYN CARSON, ASST</u>	<u>2/4/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		